

Department of Environment and Conservation Division of Remediation Drycleaner Environmental Response Program (DCERP) 401 Church Street, 4th Floor L&C Annex Nashville, Tennessee 37243

2008 DRYCLEANER APPROVED CONTRACTOR (DCAC) APPLICATION

Directions: Type or print, using blue or black ink to complete this form. Incomplete or illegible forms will not be accepted. Retain a copy of this form and all attachments for your records. All attachments to this application shall be typewritten. If you have any questions concerning completing this application, contact Jim Gilbert, DCERP, at (615) 741-4998. Submit the completed application to the address below with the appropriate application fee made out to "Treasurer, State of Tennessee".

Department of Environment and Conservation
Division of Fiscal Services – Fees Section (DCERP)
401 Church Street, 14th Floor L&C Tower
Nashville, Tennessee 37243-0438

SECTION 1: APPLICANT INFORMATION Company or Organization Name _____ Contact Person ______ Telephone # (_____) _____ Fax # (optional) (_____)___ Alternate Contact Person **Single-Office or Multiple-Office Applications** In accordance with Rule 1200-1-17-.09(2)(b), a company with more than one office location may either submit one combined DCAC application for all office locations under a single application fee or submit a separate DCAC application for each office location. Should one office location be disqualified under this program at any time, any other offices included in a multiple-office DCAC application package would also be disqualified. How many office locations are included in this application? . Provide the street address for each office location included in this application. Also provide the desired contact names and telephone numbers for each office location. This data will be used in preparing the DCAC published list(s). **SECTION 2: CONTRACTOR CATEGORIES** A company may apply for approval to perform work in any or all of the three DCAC categories listed **DCAC** below. For each category's requirements see www.state.tn.us/sos/rules/1200/1200-01/1200-01-17.pdf, pages 33 and 34 (Rule 1200-01-17-.09(2)(a)(1)(I,II,III and IV). Category 1 Companies approved to perform facility inspections.

CN-1123 (Rev July 06) (continued on reverse) RDA 2498

Companies approved to perform remediation. In accordance with Rule 1200-1-17-.09(2)(a)1(iv),

remediation companies must have a valid Tennessee Contractor's License with a Specialty Classification of D (Hazardous Waste Removal) or, E (Air, Water or Soil Remediation). Provide a copy of the current Contractor's License with Specialty Class documentation with this application if you are applying in this

Companies approved to perform investigative work.

Category 2

Category 3

category.

Check all DCAC categories for which the com	pany is seeking approval with this	s application:
Category 1	Category 2	Category 3
SECTION 3: APPLICATION FEES		
NEW DCACs		
A non-refundable application fee of \$500.00 sh qualified for one DCAC category, \$750.00 if the o		
YEARLY RENEWAL FEES		
A non-refundable fee of \$200.00 shall be sub category, \$350.00 for more than one DCAC category		company is renewing in one DCAC
SECTION 4: DCAC EXPERIENCE REQUIRE	MENTS	
Carefully review and follow the experience docu 33 and 34. The complete Rule can be found at we will be happy to send you a copy.		
Some common omissions from the DCAC pack- listing of personnel who will be conducting DCE- last year's personnel roster and their staff clas DCERP and include resumes for any new perso processed until the missing documentation is rec	RP work and no resumes for new posifications. If there has been any connel. Any packet received without the	ersonnel. We are including a copy of change in your staffing please notify
SECTION 5: INSURANCE AND OTHER PRO	OGRAM REQUIREMENTS	
For a complete description of DCERP insurance	requirements please read Rule 1200	0-1-1709 (3) (k), pages 37 and 38.
SECTION 6: CERTIFICATION STATEMENTS	3	
In accordance with Rule 1200-1-1709(2)(a)2, sworn by an executive officer or principal of the contract of th		
 I certify to the best of my knowledge and belief: Neither the company nor any of the company pled guilty to, or pled nolo contendere to vocomparable laws in another jurisdiction; The company understands that reimbursement schedule as established by the Department; The company and its personnel have the limperform the activities said company proposes 	riolating any of the laws stated in factorial in from the Fund will be in accordant, censes and registrations required be	Rule 1200-1-1709(2)(a)2 or ance with the reasonable rate
In accordance with Rule 1200-1-1709(8), I furt perjury, the information contained in this applicat my knowledge, information, and belief. I am including the possibility of fine and imprisonment	ion and on any attachments, is true, aware there are significant penalt	accurate and complete to the best of
Printed Name	Official Title	
Signature	 	
State of	County of	
Before me personally appeared		whose signature appears
above. Witness my hand and official seal, this		th), 20

My commission expires _____

Notary Public _____